EXHIBIT A

Form **1120**

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning 7/1/2015 **, ending** 6/30/2016

Information about Form 1120 and its separate instructions is at *www.irs.gov/form1120*.

OMB No. 1545-0123

2015

A Check if:
1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (see instructions) ☐
4 Schedule M-3 attached ☐

TYPE OR PRINT

Name: NUMBER ONE FRESCO TORTILLAS INC.
Number, street, and room or suite no. If a P.O. box, see instructions.: 858 10TH AVENUE
City or town: NEW YORK | State: NY | ZIP code: 10019
Foreign country name | Foreign province/state/county | Foreign postal code

B Employer identification number [redacted]
C Date incorporated 7/29/2008
D Total assets (see instructions) $ 11,809

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Line	Description			Line	Amount
1a	Gross receipts or sales	1a	299,576		
b	Returns and allowance	1b			
c	Balance. Subtract line 1b from line 1a			1c	299,576
2	Cost of goods sold (attach Form 1125-A)			2	104,309
3	Gross profit. Subtract line 2 from line 1c			3	195,267
4	Dividends (Schedule C, line 19)			4	
5	Interest			5	
6	Gross rents			6	
7	Gross royalties			7	
8	Capital gain net income (attach Schedule D (Form 1120))			8	
9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10	Other income (see instructions—attach statement)			10	
11	**Total income.** Add lines 3 through 10			11	195,267
12	Compensation of officers (see instructions—attach Form 1125-E)			12	30,800
13	Salaries and wages (less employment credits)			13	21,151
14	Repairs and maintenance			14	
15	Bad debts			15	
16	Rents			16	71,966
17	Taxes and licenses			17	5,518
18	Interest			18	
19	Charitable contributions			19	
20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20	
21	Depletion			21	
22	Advertising			22	630
23	Pension, profit-sharing, etc., plans			23	
24	Employee benefit programs			24	
25	Domestic production activities deduction (attach Form 8903)			25	
26	Other deductions (attach statement)			26	74,084
27	**Total deductions.** Add lines 12 through 26			27	204,149
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	-8,882
29a	Net operating loss deduction (see instructions)	29a			
b	Special deductions (Schedule C, line 20)	29b			
c	Add lines 29a and 29b			29c	0
30	**Taxable income.** Subtract line 29c from line 28 (see instructions)			30	-8,882
31	Total tax (Schedule J, Part I, line 11)			31	
32	Total payments and refundable credits (Schedule J, Part II, line 21)			32	0
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			33	
34	**Amount owed.** If line 32 is smaller than the total of lines 31 and 33, enter amount owed			34	0
35	**Overpayment.** If line 32 is larger than the total of lines 31 and 33, enter amount overpaid			35	0
36	Enter amount from line 35 you want: **Credited to 2016 estimated tax**		**Refunded**	36	0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | PRESIDENT Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KAM FUNG CHEUNG	KAM FUNG CHEUNG	8/31/2016		[redacted]

Firm's name: EASY ACCOUNTING SERVICES INC. | Firm's EIN: [redacted]
Firm's address: 45 DIVISION STREET SUITE 218 | Phone no. 212-962-0838
City: NEW YORK | State: NY | ZIP code: 10002

Schedule C	Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	0
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	0
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	0
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	0
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	0
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	0
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	0
8	Dividends from wholly owned foreign subsidiaries		100	0
9	**Total.** Add lines 1 through 8. See instructions for limitation			0
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	0
11	Dividends from affiliated group members		100	0
12	Dividends from certain FSCs		100	0
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	**Total dividends.** Add lines 1 through 17. Enter here and on page 1, line 4 ▶	0		
20	**Total special deductions.** Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			0

Schedule J Tax Computation and Payment (see instructions)

Part I—Tax Computation

Line	Description	Sub-line	Sub-amount	Line	Amount
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ☐				
2	Income tax. Check if a qualified personal service corporation (see instructions) ☐			2	
3	Alternative minimum tax (attach Form 4626)			3	
4	Add lines 2 and 3			4	0
5a	Foreign tax credit (attach Form 1118)	5a			
b	Credit from Form 8834 (see instructions)	5b			
c	General business credit (attach Form 3800)	5c			
d	Credit for prior year minimum tax (attach Form 8827)	5d			
e	Bond credits from Form 8912	5e			
6	**Total credits.** Add lines 5a through 5e			6	0
7	Subtract line 6 from line 4			7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))			8	
9a	Recapture of investment credit (attach Form 4255)	9a			
b	Recapture of low-income housing credit (attach Form 8611)	9b			
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c			
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d			
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e			
f	Other (see instructions—attach statement)	9f			
10	**Total.** Add lines 9a through 9f			10	0
11	**Total tax.** Add lines 7, 8, and 10. Enter here and on page 1, line 31			11	0

Part II—Payments and Refundable Credits

Line	Description	Sub-line	Sub-amount	Line	Amount
12	2014 overpayment credited to 2015			12	
13	2015 estimated tax payments			13	
14	2015 refund applied for on Form 4466			14	( )
15	Combine lines 12, 13, and 14			15	0
16	Tax deposited with Form 7004			16	
17	Withholding (see instructions)			17	
18	**Total payments.** Add lines 15, 16, and 17			18	0
19	Refundable credits from:				
a	Form 2439	19a			
b	Form 4136	19b			
c	Form 8827, line 8c	19c			
d	Other (attach statement—see instructions)	19d			
20	**Total credits.** Add lines 19a through 19d			20	0
21	**Total payments and credits.** Add lines 18 and 20. Enter here and on page 1, line 32			21	0

Schedule K Other Information (see instructions)

Line	Question	Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 722513		
b	Business activity ▶ RESTAURANT		
c	Product or service ▶ FOOD SERVICE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Form 1120 (2015) NUMBER ONE FRESCO TORTILLAS INC. [redacted]e 4

Schedule K **Other Information** *continued* (see instructions)

		Yes	No
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851,** Affiliations Schedule? For rules of constructive ownership, see instructions . . . If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

		Yes	No
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions . . If "Yes," complete (i) through (iv) below.		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		X
	If "Yes," file **Form 5452,** Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock?		X
	For rules of attribution, see section 318. If "Yes," enter: **(i)** Percentage owned ▶ ______ and **(ii)** Owner's country ▶ ______		
	(c) The corporation may have to file **Form 5472,** Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ ______		
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . ▶ ☐ If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ ______		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ ______		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . ▶ ☐ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ $ 67,750		
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year **and** its total assets at the end of the tax year less than $250,000?		X
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ $ ______		
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? . . . . If "Yes," complete and attach Schedule UTP.		X
15a	Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Forms 1099?		
16	During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million?		X

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	(b)	End of tax year (c)	(d)
1	Cash		11,581		9,452
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )	0	( )	0
3	Inventories		2,610		2,357
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	( )	0	( )	0
11a	Depletable assets				
b	Less accumulated depletion	( )	0	( )	0
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )	0	( )	0
14	Other assets (attach statement)				
15	Total assets		14,191		11,809
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders		71,000		77,500
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock	10,000	10,000	10,000	10,000
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		(66,809)		(75,691)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		( )		( )
28	Total liabilities and shareholders' equity		14,191		11,809

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	-8,882	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest $	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				0
4	Income subject to tax not recorded on books this year (itemize):	0	8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation $	
	a Depreciation $			b Charitable contributions $	
	b Charitable contributions $				
	c Travel and entertainment $				0
		0	9	Add lines 7 and 8	0
6	Add lines 1 through 5	-8,882	10	Income (page 1, line 28)—line 6 less line 9	-8,882

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-66,809	5	Distributions: a Cash	
2	Net income (loss) per books	-8,882		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
		0	7	Add lines 5 and 6	0
4	Add lines 1, 2, and 3	-75,691	8	Balance at end of year (line 4 less line 7)	-75,691

Form **1125-A**
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
▶ Information about Form 1125-A and its instructions is at *www.irs.gov/form1125a.*

OMB No. 1545-2225

Name: NUMBER ONE FRESCO TORTILLAS INC.

Employer identification number: [redacted]

1	Inventory at beginning of year	1	2,610
2	Purchases	2	104,056
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	106,666
7	Inventory at end of year	7	2,357
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	104,309

9 a Check all methods used for valuing closing inventory:
- *(i)* [X] Cost
- *(ii)* [ ] Lower of cost or market
- *(iii)* [ ] Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ [ ]

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ [ ]

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? [ ] Yes [X] No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

SCHEDULE G (Form 1120)
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Certain Persons Owning the Corporation's Voting Stock

▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No.1545-0123

Name: NUMBER ONE FRESCO TORTILLAS INC.

Employer identification number (EIN) [redacted]

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 112[redacted] 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4b). Complete columns **(i)** through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
DAN QING LIU	[redacted]	[redacted]	50.000%
JIAN HUI CHEN	[redacted]	[redacted]	50.000%

Line 26 (1120) - Other Deductions

1	Insurance	1	2,466
2	Office expenses	2	144
3	Telephone	3	2,963
4	Utilities	4	18,159
5	Merchant Fee	5	3,743
6	Garbage Disposal	6	2,171
7	Pest Control	7	2,008
8	Third Party Fee	8	42,430
9	Total other deductions	9	74,084
10	Total deductions less expenses for offsetting credits	10	74,084

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Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Tax Law – Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2015. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred *(see Form CT-1)*.

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period: beginning 07-01-15 ending 06-30-16

Final return ☐ **Amended return** ☐

[redacted] | File number | Business telephone number | If you claim an overpayment, mark an *X* in the box ☐

[redacted]BER ONE FRESCO TORTILLAS INC.

Trade name/DBA:

Mailing name *(if different from legal name above)*: c/o

State or country of incorporation: NEW YORK

Mailing address number and street or PO box: 858 10TH AVENUE

Date of incorporation: 07-29-08

Foreign corporations: date began business in NYS:

City: NEW YORK State: NY ZIP code: 10019

Country *(if not United States)*:

For office use only

Principal business activity in NYS: LIMITED-SERVICE RESTAURANTS

NAICS business code number *(from NYS Pub 910)*: 722513

If address/phone above is new, mark an *X* in the box ☐ If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

A. Pay amount shown on Part 2, line 23. Make payable to: ***New York State Corporation Tax***
Attach your payment here. *(Detach all check stubs; see instructions for details.)* **A** Payment enclosed: 175.

B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? *(see instructions; mark an X in the appropriate box)* .... **B** Yes ☒ No ☐

C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an *X* in the box *(see instructions)* .... **C** ☐

Third–party designee *(see instructions)*: Yes ☒ No ☐

Designee's name *(print)*: KAM FUNG CHEUNG

Designee's phone number: 212-962-0838

Designee's e-mail address: easinc88@gmail.com

PIN:

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person

Printed name of authorized person	Signature of authorized person	Official title
		PRESIDENT

E-mail address of authorized person	Telephone number	Date

Paid preparer use only *(see instr.)*

Firm's name *(or yours if self-employed)*	Firm's EIN	Preparer's PTIN or SSN
EASY ACCOUNTING SERVICES INC.	[redacted]	

Signature of individual preparing this return	Address	City	State	ZIP code
KAM FUNG CHEUNG	45 DIVISION STREET SU:	NEW YORK	NY	10002

E-mail address of individual preparing this return	Preparer's NYTPRIN	or Excl. code	Date
EASINC88@GMAIL.COM		08	08-31-16

See instructions for where to file.

Content of Form CT-3

Part 1 – General corporate information	Part 5 – Computation of investment capital for the current tax year
Part 2 – Computation of balance due or overpayment	Part 6 – Computation of business apportionment factor
Part 3 – Computation of tax on business income base	Part 7 – Summary of tax credits claimed
Part 4 – Computation of tax on capital base	

Part 1 – General corporate information

Section A – Qualification for preferential tax rates

If you are a corporation as identified in this section and qualify for preferential tax rates, mark an *X* in the boxes that apply to you *(see instructions).*

1 A qualified emerging technology company (QETC) for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts ..... 1 [ ]

2 A qualified New York manufacturer based on the principally engaged test for purposes of the lower business income base tax rate and fixed dollar minimum tax amounts ..... 2 [ ]

3 A qualified New York manufacturer based on the principally engaged test for purposes of the lower capital base tax rate and capital base tax cap ..... 3 [ ]

4 A qualified New York manufacturer based on the significant employment and property test for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts ..... 4 [ ]

5 Claiming cooperative housing corporation status for the lower capital base tax rate ..... 5 [ ]

6 A small business eligible for the lower business income tax rates and possible capital base tax exception ..... 6 [X]

If you marked this box, complete line 6a; also mark the box at line 6b or 6c, if applicable.

6a Total capital contributions 6a

6b Small business taxpayers only: you are also a QETC ..... 6b [ ]

6c Small business taxpayers only: you are also a qualified New York manufacturer ..... 6c [ ]

7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base ..... 7 [ ]

Section B – New York State information *(see instructions)*

1 Number of New York State employees 1

2 Wages paid to New York State employees ..... 2 21,151.

3 Number of business establishments in New York State 3

4 If you have an interest in, or have rented, real property in New York State, mark an *X* in the box and complete lines 4a and 4b *(if multiple counties see instructions)* ..... 4 [ ]

4a The real property's county 4a

4b The real property's value or rent 4b

5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an *X* in the box ..... 5 [ ]

5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments ..... 5a Number [ ] Amount

6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an *X* in the box ..... 6 [ ]

Section C – Filing information

1 **Federal return filed** – you must mark an *X* in one box and attach a complete copy of your federal return

1120 [X] 1120 consolidated [ ] 1120-REIT or 1120-RIC [ ] 1120S [ ] 1120F [ ] 1120-H [ ]

2 **Amended return** – If you marked the amended return box on page 1, then for any item(s) that apply, mark an *X* in the box and attach documentation

Final federal determination [ ] Date of determination [ ] NOL carryback [ ] Capital loss carryback [ ] 1139 [ ] 1120X [ ]

2a Enter the tax due amount from your most recently filed New York State return for this tax period 2a

3 **Required attachments** – For all forms, other than tax credit claim forms, that are attached to this return, mark an *X* in the applicable box(es)

CT-3.1 [ ] CT-3.2 [ ] CT-3.3 [ ] CT-3.4 [X] CT-60 [ ] CT-225 [ ] Other (identify): ______ [ ]

4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed. 4

5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an *X* in the box ..... 5 [ ]

Part 2 – Computation of balance due or overpayment

Largest of three tax bases, minus credits, plus mandatory first installment

Line	Description		Amount		Amount
1a	Business income base tax *(from Part 3, line 20)*	1a			
1b	Capital base tax *(from Part 4, line 15; see instructions)*	1b			
1c	Fixed dollar minimum tax *(see instr)* — New York receipts: 299,576.	1c	175.		
2	Tax due *(enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)*			2	175.
3	Tax credits used *(from Part 7, line 2; see instructions)*			3	
4	Tax due after credits *(subtract line 3 from line 2; if line 3 is more than line 2, enter 0)*			4	175.
5	If you filed a request for an extension, enter the amount from Form CT-5, line 2			5	
6	If you did not file Form CT-5 and line 4 is over $1,000, see instructions			6	
7	Largest base minus credits, plus mandatory first installment *(add line 4 and line 5 or 6)*			7	175.

Penalties and interest

Line	Description		Amount		Amount
8	Estimated tax penalty *(see instructions; if Form CT-222 is attached, mark an X in the box)* ☐	8			
9	Interest on late payment *(see instructions)*	9			
10	Late filing and late payment penalties *(see instructions)*	10			
11	Total penalties and interest *(add lines 8, 9, and 10)*			11	

Voluntary gifts/contributions *(see instructions)*

Line	Description		Amount		Amount
12a	Return a Gift to Wildlife	12a			
12b	Breast Cancer Research and Education Fund	12b			
12c	Prostate Cancer Research, Detection, and Education Fund	12c			
12d	9/11 Memorial	12d			
12e	Volunteer Firefighting & EMS Recruitment Fund	12e			
12f	Veterans Remembrance	12f			
12g	Women's Cancers Education and Prevention Fund	12g			
13	Total voluntary gifts/contributions *(add lines 12a through 12g)*			13	

Total amount due

Line	Description		Amount
14	Add lines 7, 11, and 13	14	175.

Prepayments

Line	Description		Amount		Amount
15	Mandatory first installment	15			
16	Second installment *(from Form CT-400)*	16			
17	Third installment *(from Form CT-400)*	17			
18	Fourth installment *(from Form CT-400)*	18			
19	Payment with extension request *(from Form CT-5, line 5)*	19			
20	Overpayment credited from prior years — Period:	20			
21	Overpayment credited from CT-3-M — Period:	21			
22	Total prepayments *(add lines 15 through 21; see instructions)*			22	

Payment due or overpayment to be credited/refunded

Line	Description		Amount		Amount
23	Balance due *(If line 22 is less than line 14, subtract line 22 from line 14 and enter the result here. This is the amount due; enter **payment amount** on page 1, line A.)*			23	175.
24	Overpayment *(If line 22 is more than line 14, subtract line 14 from line 22. This is your overpayment; enter the result here and see instructions.)*			24	
25	Amount of overpayment to be credited to next period *(see instructions)*			25	
26	Balance of overpayment available *(subtract line 25 from line 24; see instructions)*			26	
27	Amount of overpayment to be credited to Form CT-3-M			27	
28	Balance of overpayment to be refunded *(subtract line 27 from line 26; see instructions)*			28	
29	Unused tax credits to be refunded *(see instructions)*	29			
30	Unused tax credits applied to next period	30			

Part 3 – Computation of tax on business income base

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions *(see instructions)*	1	-8,882.
2	Additions to FTI *(from Form CT-225, line 5)*	2	
3	Add lines 1 and 2	3	-8,882.
4	Subtractions from FTI *(from Form CT-225, line 10)*	4	
5	Subtract line 4 from line 3	5	-8,882.
6	Subtraction modification for qualified banks *(from Form CT-3.2, Schedule A, line 1; see instructions)*	6	
7	Entire net income (ENI) *(subtract line 6 from line 5)*	7	-8,882.
8	Investment and other exempt income *(from Form CT-3.1, Schedule D, line 1)*	8	
9	Subtract line 8 from line 7	9	-8,882.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income *(from Form CT-3.1, Schedule D, line 2)*	10	
11	Business income *(add lines 9 and 10)*	11	-8,882.
12	Addback of income previously reported as investment income *(from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions)*	12	0.
13	Business income after addback *(add lines 11 and 12)*	13	-8,882.
14	Business apportionment factor *(from Part 6, line 55)*	14	1.0000
15	Apportioned business income after addback *(multiply line 13 by line 14)*	15	-8,882.
16	Prior net operating loss conversion subtraction *(from Form CT-3.3, Schedule C, line 4)*	16	
17	Subtract line 16 from line 15	17	-8,882.
18	NOL deduction *(from Form CT-3.4, line 6)*	18	
19	Business income base *(subtract line 18 from line 17)*	19	-8,882.
20	Business income base tax *(multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)*	20	

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 18, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit.

Part 4 – Computation of tax on capital base *(see instructions)*

		A Beginning of year	B End of year	C Average value
1 Total assets from federal return	1	14,191.	11,809.	13,000.
2 Real property and marketable securities included on line 1	2			
3 Subtract line 2 from line 1	3	14,191.	11,809.	13,000.
4 Real property and marketable securities at fair market value	4			
5 Adjusted total assets *(add lines 3 and 4)*	5	14,191.	11,809.	13,000.
6 Total liabilities	6	71,000.	77,500.	74,250.

7 Total net assets *(subtract line 6, column C, from line 5, column C)*	7	-61,250.
8 Investment capital *(from Part 5, line 19; if zero or less, enter 0)*	8	0.
9 Business capital *(subtract line 8 from line 7)*	9	-61,250.
10 Addback of capital previously reported as investment capital *(from Part 5, line 20, column C; if zero or less, enter 0)*	10	0.
11 Total business capital *(add lines 9 and 10)*	11	-61,250.
12 Business apportionment factor *(from Part 6, line 55)*	12	1.0000
13 Apportioned business capital *(multiply line 11 by line 12)*	13	-61,250.
14 New small business *(if in first two tax years, mark an X in one box)* Year one ☐ Year two ☐		
15 Capital base tax *(multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b)*	15	0.

Part 5 – Computation of investment capital for the current tax year *(see instructions)*

		A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value *(column A - column B)*
16 Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution *(from Form CT-3.1, Schedule E, line 1)*	16			
17 Total of stocks actually held for more than one year *(from Form CT-3.1, Schedule E, line 2)*	17			
18 Total of stocks presumed held for more than one year *(from Form CT-3.1, Schedule E, line 3)*	18			

19 Total investment capital for the current year *(Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.)*	19	0.

Addback of capital previously reported as investment capital

		A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value *(column A - column B)*
20 Total of stocks previously presumed held for more than one year, but did not meet the holding period *(from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)*	20			

Part 6 – Computation of business apportionment factor *(see instructions)*

		A – New York State	B – Everywhere
Section 210-A.2			
1 Sales of tangible personal property	1		
2 Sales of electricity	2		
3 Net gains from sales of real property	3		
Section 210-A.3			
4 Rentals of real and tangible personal property	4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	5		
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	6		
Section 210-A.4			
7 Sale, licensing, or granting access to digital products	7		

Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)

8 To make this irrevocable election, mark an *X* in the box *(see instructions)* ..... 8 ☐

Section 210-A.5(a)(2) – Mark an *X* in each box that is applicable *(see line 8 instructions)*

		A – New York State	B – Everywhere
Section 210-A.5(a)(2)(A)			
9 Interest from loans secured by real property	9		
10 Net gains from sales of loans secured by real property	10		
11 Interest from loans not secured by real property (QFI ☐)	11		
12 Net gains from sales of loans not secured by real property (QFI ☐)	12		
Section 210-A.5(a)(2)(B) (QFI ☐)			
13 Interest from federal debt	13		
14 Net gains from federal debt	14		
15 Interest from NYS and its political subdivisions debt	15		
16 Net gains from NYS and its political subdivisions debt	16		
17 Interest from other states and their political subdivisions debt	17		
18 Net gains from other states and their political subdivisions debt	18		
Section 210-A.5(a)(2)(C) (QFI ☐)			
19 Interest from asset-backed securities and other government agency debt	19		
20 Net gains from government agency debt or asset-backed securities sold through an exchange	20		
21 Net gains from all other asset-backed securities	21		
Section 210-A.5(a)(2)(D) (QFI ☐)			
22 Interest from corporate bonds	22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange	23		
24 Net gains from other corporate bonds	24		
Section 210-A.5(a)(2)(E)			
25 Net interest from reverse repurchase and securities borrowing agreements	25		
Section 210-A.5(a)(2)(F)			
26 Net interest from federal funds	26		
Section 210-A.5(a)(2)(I) (QFI ☐)			
27 Net income from sales of physical commodities	27		
Section 210-A.5(a)(2)(J) (QFI ☐)			
28 Marked to market net gains	28		
Section 210-A.5(a)(2)(H) (QFI ☐)			
29 Interest from other financial instruments	29		
30 Net gains and other income from other financial instruments	30		

Part 6 – Computation of business apportionment factor *(continued)*

		A – New York State	B – Everywhere
Section 210-A.5(b)			
31 Brokerage commissions	31		
32 Margin interest earned on behalf of brokerage accounts	32		
33 Fees for advisory services for underwriting or management of underwriting	33		
34 Receipts from primary spread of selling concessions	34		
35 Receipts from account maintenance fees	35		
36 Fees for management or advisory services	36		
37 Interest from an affiliated corporation	37		
Section 210-A.5(c)			
38 Interest, fees, and penalties from credit cards	38		
39 Service charges and fees from credit cards	39		
40 Receipts from merchant discounts	40		
41 Receipts from credit card authorizations and settlement processing	41		
42 Other credit card processing receipts	42		
Section 210-A.5(d)			
43 Receipts from certain services to investment companies	43		
Section 210-A.6			
44 Receipts from railroad and trucking business	44		
Section 210-A.6-a			
45 Receipts from the operation of vessels	45		
Section 210-A.7			
46 Receipts from air freight forwarding	46		
47 Receipts from other aviation services	47		
Section 210-A.8			
48 Advertising in newspapers or periodicals	48		
49 Advertising on television or radio	49		
50 Advertising via other means	50		
Section 210-A.9			
51 Transportation or transmission of gas through pipes	51		
Section 210-A.10			
52 Receipts from other services/activities not specified	52	299,576.	299,576.
Section 210-A.11			
53 Discretionary adjustments	53		
Total receipts			
54 Add lines 1 through 53 in columns A and B	54	299,576.	299,576.

Calculation of business apportionment factor

55 New York State business apportionment factor *(divide line 54, column A by line 54, column B and enter the result here; round to the fourth decimal place)* 55 1.0000

Enter line 55 on Part 3, *Computation of tax on business income base*, line 14; and on Part 4, *Computation of tax on capital base*, line 12.

Part 7 – Summary of tax credits claimed

1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? *(see Form CT-1; mark an X in one box)* .... 1 Yes ☐ No ☐

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37		CT-604		DTF-621	
CT-40		CT-605		DTF-622	
CT-41		CT-606		DTF-624	
CT-43		CT-607		DTF-630	
CT-44		CT-611		Other credits.	
CT-46		CT-611.1			
CT-47		CT-611.2			
CT-236		CT-612			
CT-238		CT-613			
CT-239		CT-631			
CT-241		CT-633			
CT-242		CT-634			
CT-243		CT-635			
CT-246		CT-636			
CT-248		CT-637			
CT-249		CT-638			
CT-250		CT-639			
CT-259		CT-640			
CT-261		CT-641			
CT-501		CT-642			
CT-502		CT-643			
CT-601		CT-644			
CT-602		CT-645			
CT-603		CT-646			

2 Total tax credits claimed above *(enter here and on Part 2, line 3; attach appropriate form for each credit claimed)* 2

3 Total tax credits claimed that are refund eligible *(see instructions)* 3

4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an *X* in the box 4a

4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an *X* in the box 4b

4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an *X* in the box 4c

2015

CT-3-M

Department of Taxation and Finance

General Business Corporation MTA Surcharge Return

Tax Law – Article 9-A, Section 209-B

Caution: This form must be used only for tax periods beginning on or after January 1, 2015. If you use it for any prior periods, the return will **not** be processed and will not be considered timely filed. As a result, penalties and interest may be incurred *(see Form CT-1)*.

Amended return ☐ **All filers must enter tax period:** beginning 07-01-15 ending 06-30-16

[redacted]

File number | Business telephone number | If you claim an overpayment, mark an *X* in the box ☐

[redacted] FRESCO TORTILLAS INC.

Trade name/DBA

Mailing name *(if different from legal name above)*
c/o

State or country of incorporation: NEW YORK

Date received *(for Tax Department use only)*

Number and street or PO box: 858 10TH AVENUE

Date of incorporation: 07-29-08

City: NEW YORK | State: NY | ZIP code: 10019

Foreign corporations: date began business in NYS

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I, *Instructions for Form CT-3-M.*

			Payment enclosed
A.	Pay amount shown on line 12. Make payable to: ***New York State Corporation Tax*** Attach your payment here. Detach all check stubs. *(See instructions for details.)*	**A**	45.

Computation of MTA surcharge

1	New York State franchise tax *(see instructions)*	1	175.
2	MCTD apportionment percentage from line 82	2	100.0000 %
3	Apportioned franchise tax *(multiply line 1 by line 2)*	3	175.
4	MTA surcharge *(multiply line 3 by 25.6% (.256))*	4	45.
	First installment of estimated tax for next period:		
5a	If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a	
5b	If you did not file Form CT-5 or CT-5.3, see instructions	5b	0.
6	Add lines 4 and 5a or 5b	6	45.
7	Total prepayments from line 91	7	
8	Balance *(if line 7 is less than line 6, subtract line 7 from line 6)*	8	45.
9	Estimated tax penalty *(see instructions; mark an* ***X*** *in the box if Form CT-222 is attached)* ☐	9	
10	Interest on late payment *(see instructions for Form CT-3 or CT-3-A)*	10	
11	Late filing and late payment penalties *(see instructions for Form CT-3 or CT-3-A)*	11	
12	Balance due *(add lines 8 through 11 and enter here;* ***enter the payment amount on line A above****)*	12	45.
13	Overpayment *(if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)*	13	
14	Amount of overpayment to be credited to New York State franchise tax *(see instructions)*	14	
15	Amount of overpayment to be credited to MTA surcharge for next period *(see instructions)*	15	
16	Amount of overpayment to be refunded *(see instructions)*	16	

Schedule A – Computation of MCTD apportionment percentage *(see instructions)*

Average value of property *(see instructions)*		**A** MCTD	**B** New York State
17 Real estate owned *(see instructions)*	17		
18 Real estate rented *(see instructions)*	18		
19 Inventories owned	19		
20 Tangible personal property owned *(see instructions)*	20		
21 Tangible personal property rented *(see instructions)*	21		
22 Total *(add lines 17 through 21 in columns A and B)*	22		

23 MCTD property factor *(divide line 22, column A, by line 22, column B)* — 23 — 0.0000 %

Receipts from: *(see instructions for lines 24 through 76)*		A MCTD	B New York State
Section 210-A.2			
24 Sales of tangible personal property	24		
25 Sales of electricity	25		
26 Net gains from sales of real property	26		
Section 210-A.3			
27 Rentals of real and tangible personal property	27		
28 Royalties from patents, copyrights, trademarks, and similar intangible personal property	28		
29 Sales of rights for certain closed-circuit and cable TV transmissions of an event	29		
Section 210-A.4			
30 Sale, licensing, or granting access to digital products	30		

Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)

31 To make this irrevocable election, mark an *X* in the box *(see Form CT-3-I or CT-3-A-I, line 8 instructions)* .... 31 ☐

Section 210-A.5(a)(2) – Mark an *X* in each box that is applicable *(see Form CT-3-I or CT-3-A-I line 8 instructions)*

		A MCTD	B New York State
Section 210-A.5(a)(2)(A)			
32 Interest from loans secured by real property	32		
33 Net gains from sales of loans secured by real property	33		
34 Interest from loans not secured by real property (QFI ☐)	34		
35 Net gains from sales of loans not secured by real property (QFI ☐)	35		
Section 210-A.5(a)(2)(B) (QFI ☐)			
36 Interest from federal debt	36		
37 Net gains from federal debt	37		
38 Interest from NYS and its political subdivisions debt	38		
39 Net gains from NYS and its political subdivisions debt	39		
40 Interest from other states and their political subdivisions debt	40		
41 Net gains from other states and their political subdivisions debt	41		
Section 210-A.5(a)(2)(C) (QFI ☐)			
42 Interest from asset-backed securities and other government agency debt	42		
43 Net gains from government agency debt or asset-backed securities sold through an exchange	43		
44 Net gains from all other asset-backed securities	44		
Section 210-A.5(a)(2)(D) (QFI ☐)			
45 Interest from corporate bonds	45		
46 Net gains from corporate bonds sold through broker/dealer or licensed exchange	46		
47 Net gains from other corporate bonds	47		
Section 210-A.5(a)(2)(E)			
48 Net interest from reverse repurchase and securities borrowing agreements	48		
Section 210-A.5(a)(2)(F)			
49 Net interest from federal funds	49		
Section 210-A.5(a)(2)(I) (QFI ☐)			
50 Net income from sales of physical commodities	50		
Section 210-A.5(a)(2)(J) (QFI ☐)			
51 Marked to market net gains	51		
Section 210-A.5(a)(2)(H) (QFI ☐)			
52 Interest from other financial instruments	52		
53 Net gains and other income from other financial instruments	53		

NUMBER ONE FRESCO TORTILLAS INC. [redacted] CT-3-M (2015) **Page 3 of 4**

Receipts from: *(continued)*		A MCTD	B New York State
Section 210-A.5(b)			
54 Brokerage commissions	54		
55 Margin interest earned on behalf of brokerage accounts	55		
56 Fees for advisory services for underwriting or management of underwriting	56		
57 Receipts from primary spread of selling concessions	57		
58 Receipts from account maintenance fees	58		
59 Fees for management or advisory services	59		
60 Interest from an affiliated corporation	60		
Section 210-A.5(c)			
61 Interest, fees, and penalties from credit cards	61		
62 Service charges and fees from credit cards	62		
63 Receipts from merchant discounts	63		
64 Receipts from credit card authorizations and settlement processing	64		
65 Other credit card processing receipts	65		
Section 210-A.5(d)			
66 Receipts from certain services to investment companies	66		
Section 210-A.6			
67 Receipts from railroad and trucking business	67		
Section 210-A.6-a			
68 Receipts from the operation of vessels	68		
Section 210-A.7			
69 Receipts from air freight forwarding	69		
70 Receipts from other aviation services	70		
Section 210-A.8			
71 Advertising in newspapers or periodicals	71		
72 Advertising on television or radio	72		
73 Advertising via other means	73		
Section 210-A.9			
74 Transportation or transmission of gas through pipes	74		
Section 210-A.10			
75 Receipts from other services/activities not specified	75		299,576.
Section 210-A.11			
76 Discretionary adjustments	76		
77 Total *(add lines 24 through 76 in columns A and B)*	77	0.	299,576.
78 MCTD receipts factor *(divide line 77, column A, by line 77, column B)*	78		0.0000 %

Payroll		A MCTD	B New York State
79 Wages and other compensation of employees except general executive officers	79		21,151.
80 MCTD payroll factor *(divide line 79, column A, by line 79, column B)*	80		0.0000 %
81 Total MCTD factors *(add lines 23, 78, and 80)*	81		0.0000 %
82 MCTD apportionment percentage *(Divide line 81 by three; if a factor is missing, see instructions. Enter here and on line 2.)*	82		0.0000 %

Composition of prepayments claimed on line 7 *(see instructions)*		**Date paid**	**Amount**
83 Mandatory first installment	**83**		
84 Second installment from Form CT-400	**84**		
85 Third installment from Form CT-400	**85**		
86 Fourth installment from Form CT-400	**86**		
87 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	**87**		
88 Overpayment credited from prior years	**88**		
89 Add lines 83 through 88	**89**		
90 Overpayment credited from Form CT- ______ Period	**90**		
91 Total prepayments *(add lines 89 and 90; enter here and on line 7)*	**91**		

Third – party designee *(see instructions)*	Yes [X] No [ ]	Designee's name *(print)* KAM FUNG CHEUNG	Designee's phone number 212-962-0838
	Designee's e-mail address EASINC88@GMAIL.COM		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person		Telephone number	Date

Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)* EASY ACCOUNTING SERVICES INC.		Firm's EIN [redacted]		
	Signature of individual preparing this return KAM FUNG CHEUNG	Address 45 DIVISION STREET SU	City NEW YORK	State NY	ZIP code 10002
	E-mail address of individual preparing this return EASINC88@GMAIL.COM		Preparer's NYTPRIN or	Excl. code 08	Date 08-31-16

See instructions for where to file.

2015

Department of Taxation and Finance

Net Operating Loss Deduction (NOLD)

CT-3.4

Legal name of corporation	Employer identification number (EIN)
NUMBER ONE FRESCO TORTILLAS INC.	[redacted]

Attach to Form CT-3 or CT-3-A

1	Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the *Tax rates schedule* in Form CT-3-I or CT-3-A-I *(small business taxpayers, see instructions)*	1	
2	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year *(from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)*	2	175.
3	Subtract line 2 from line 1 *(see instructions)*	3	
4	Maximum amount of the NOLD to be deducted in the current tax year *(divide line 3 by the same business income base tax rate used for line 1)*	4	
5	Balance of net operating losses incurred in tax years beginning on or after January 1, 2015, not previously used or expired	5	67,093.
6	NOLD to be used in the current tax year *(Enter the lesser of line 4 or line 5. Enter here and on Form CT-3 or CT-3-A, Part 3, line 18.)*	6	
7	Unused NOLD to be carried forward to future tax years *(subtract line 6 from line 5)*	7	67,093.

Schedule A – Table of apportioned business income or loss *(see instructions)*

A Tax period beginning and ending dates	B Amount from Form CT-3 or CT-3-A, Part 3, line 17 for the period in column A	C When column B is not a loss, enter all the tax period(s) that generated an NOL used to reduce the amount in column B *(see instructions)*	D Election to waive carryback
07-01-15 TO 06-30-16	-8,882.		
07-01-14 TO 06-30-15	-744.		
07-01-13 TO 06-30-14	3,450.		
07-01-12 TO 06-30-13	-14,088.		
07-01-11 TO 06-30-12	-4,798.		
07-01-10 TO 06-30-11	-10,618.		
07-01-09 TO 06-30-10	-19,182.		
07-29-08 TO 06-30-09	-21,113.		

Note: *You **must** complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.*

CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1	Legal name of corporation	1.	NUMBER ONE FRESCO TORTILLAS INC.
2	Payment enclosed	2.	175.00
3	Return type	3.	CT3
4	Employer ID number (EIN)	4.	26-3109020
5	File number (FCC)	5.	
6	Period beginning date *(mm-dd-yy)*	6.	07-01-15
7	Period ending date *(mm-dd-yy)*	7.	06-30-16
8	Amended *(Y=1; N=0)*	8.	0
9	Address change *(Y=1; N=0)*	9.	0
10	Final *(Y=1; N=0)*	10.	0
11	NAICS code	11.	722513
12	MTA indicator *(None=0; Y=1; N=2; Both=3)*	12.	1
13	Federal 1120-H filed *(Y=1; N=0)*	13.	0
14	REIT/RIC indicator *(Y=1; N=0)*	14.	0
15	Tax due/MTA surcharge	15.	175.00
16	Mandatory first installment (MFI) — no extension filed and tax due is over $1,000	16.	.
17a	Return a Gift to Wildlife	17a.	.
17b	Breast Cancer Research and Education Fund	17b.	.
17c	Prostate and Testicular Cancer Research and Education Fund	17c.	.
17d	9/11 Memorial	17d.	.
17e	Volunteer Firefighting & EMS Recruitment Fund	17e.	.
17f	Veterans Remembrance	17f.	.
17g	Women's Cancers Education and Prevention Fund	17g.	.
18	Balance due	18.	175.00
19	Amount of overpayment credited to next period — NYS	19.	.
20	Refund of overpayment	20.	.
21	Refund of unused tax credits	21.	.
22	Tax credits to be credited as an overpayment to next year's return	22.	.
23	Amount of overpayment credited to next period — MTA	23.	.
24	Amount of MTA surcharge retaliatory tax credit to be refunded	24.	.
25	Fixed dollar minimum	25.	.
26	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	28.	-
27	New York receipts	27.	299,576.00
28	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?	28.	0
29	Paid preparer's EIN	29.	45-5430018
30	Preparer's NYTPRIN	30.	
31	Excl. code	31.	08

For office use only

Form CT-186-E filers only

32	Excise tax on telecommunication services – NYS	32.
33	Excise tax on mobile telecommunication services subject to the 2.9% rate	33.
34	Total excise tax on telecommunication services	34.
35	Tax on gross income – NYS	35.
36	MTA surcharge related to non-mobile telecommunication services	36.
37	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	37.
38	MTA surcharge related to telecommunication services	38.
39	MTA surcharge on gross income	39.
40	No CT-5.9-E filed and line 1 is over $1,000 – NYS	40.
41	No CT-5.9-E filed and line 1 is over $1,000 – MTA	41.
42	No CT-5.9-E filed and line 2 is over $1,000 – NYS	42.
43	No CT-5.9-E filed and line 2 is over $1,000 – MTA	43.
44	Add lines 8 and 9 – NYS	44.
45	Add lines 8 and 9 – MTA	45.
46	Balance due – NYS	46.
47	Balance due – MTA	47.
48	Provided telecommunication services in the MCTD this year? *(None = 0; Y = 1; N = 2; Both = 3)*	48.
49	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? *(None = 0; Y = 1; N = 2; Both = 3)*	49.
50	Overpayment credited to next year's tax – NYS	50.
51	Overpayment credited to next year's tax – MTA	51.
52	Refund of overpayment – NYS	52.
53	Refund of overpayment – MTA	53.
54	Refund of unused tax credits – NYS	54.
55	Refund of unused tax credits – MTA	55.
56	Refundable tax credits to be credited to next year's tax – NYS	56.
57	Refundable tax credits to be credited to next year's tax – MTA	57.

CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

Line	Description	Box	Entry
1	Legal name of corporation	1.	NUMBER ONE FRESCO TORTILLAS INC.
2	Payment enclosed	2.	45.00
3	Return type	3.	CT3M
4	Employer ID number (EIN)	4.	26-3109020
5	File number (FCC)	5.	
6	Period beginning date *(mm-dd-yy)*	6.	07-01-15
7	Period ending date *(mm-dd-yy)*	7.	06-30-16
8	Amended *(Y=1; N=0)*	8.	0
9	Address change *(Y=1; N=0)*	9.	
10	Final *(Y=1; N=0)*	10.	
11	NAICS code	11.	
12	MTA indicator *(None=0; Y=1; N=2; Both=3)*	12.	
13	Federal 1120-H filed *(Y=1; N=0)*	13.	
14	REIT/RIC indicator *(Y=1; N=0)*	14.	
15	Tax due/MTA surcharge	15.	45.00
16	Mandatory first installment (MFI) — no extension filed and tax due is over $1,000	16.	.
17a	Return a Gift to Wildlife	17a.	.
17b	Breast Cancer Research and Education Fund	17b.	.
17c	Prostate and Testicular Cancer Research and Education Fund	17c.	.
17d	9/11 Memorial	17d.	.
17e	Volunteer Firefighting & EMS Recruitment Fund	17e.	.
17f	Veterans Remembrance	17f.	.
17g	Women's Cancers Education and Prevention Fund	17g.	.
18	Balance due	18.	45.00
19	Amount of overpayment credited to next period — NYS	19.	.
20	Refund of overpayment	20.	.
21	Refund of unused tax credits	21.	.
22	Tax credits to be credited as an overpayment to next year's return	22.	.
23	Amount of overpayment credited to next period — MTA	23.	.
24	Amount of MTA surcharge retaliatory tax credit to be refunded	24.	.
25	Fixed dollar minimum	25.	.
26	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	28.	-
27	New York receipts	27.	.
28	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?	28.	
29	Paid preparer's EIN	29.	45-5430018
30	Preparer's NYTPRIN	30.	
31	Excl. code	31.	08

For office use only

Form CT-186-E filers only

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50	Overpayment credited to next year's tax – NYS	50.
51	Overpayment credited to next year's tax – MTA	51.
52	Refund of overpayment – NYS	52.
53	Refund of overpayment – MTA	53.
54	Refund of unused tax credits – NYS	54.
55	Refund of unused tax credits – MTA	55.
56	Refundable tax credits to be credited to next year's tax – NYS	56.
57	Refundable tax credits to be credited to next year's tax – MTA	57.

NYC-2

Department of Finance

BUSINESS CORPORATION TAX RETURN

2015

To be filed by C Corporations ONLY – All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2015 or FISCAL YEAR beginning 07-01 2015 and ending 06-30-16

Name: NUMBER ONE FRESCO TORTILLAS INC.	Name Change ___	Employer Identification Number: [redacted]
In care of		
Address (number and street): 858 10TH AVENUE	Address Change ___	
City and State: NEW YORK, NY	Zip Code: 10019 / Country (if not US)	Business Code Number as per federal return: 722513
Business telephone number	Taxpayer's email address:	
State or country of organization	Date organized: 07-29-08	2-character special condition code, if applicable (See instructions): ___
Date business began in NYC: 07-29-08	Final Return ___ / If final return, date business ended in NYC	

CHECK ALL THAT APPLY: ___ Special short period return ___ 52/53-week taxable year ___ Pro-forma federal return attached ___ Claim any 9/11/01-related federal tax benefits

___ Amended return — If the purpose of the amended return is to report a federal or state change, check the appropriate box: ___ IRS change ___ NYS change — Date of Final Determination ___ — NYC return filed for TY 2014: X General Corporation ___ Banking Corporation

Have you attached any of the following forms to this return? If yes, check all that apply. ___ Form NYC-2.1 ___ Form NYC-2.2 ___ Form NYC-2.3 X Form NYC-2.4 ___ Form NYC-2.5

SCHEDULE A - Computation of Balance Due or Overpayment

		Payment Amount
A. Payment Amount being paid electronically with this return	A.	175
1. Tax on business income base *(from Schedule B, line 38)*	1.	
2. Tax on capital base *(from Schedule C, line 14)* Maximum Tax is $10,000,000	2.	
3. Minimum tax - *(see instructions)* - NYC Gross Receipts: 299,576.	3.	175
4. Tax *(enter the amount from line 1, 2 or 3, whichever is largest)*	4.	175
5. UBT Paid Credit *(attach Form NYC-9.7C)*	5.	
6. Tax after UBT Paid Credit *(subtract line 5 from line 4)*	6.	175
7. REAP Credit *(attach Form NYC-9.5)*	7.	
8. Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits *(attach Form NYC-9.6)*	8.	
9. LMREAP Credit *(see instructions and attach Form NYC-9.8)*	9.	
10. Biotechnology Credit *(attach Form NYC-9.10)*	10.	
11. Net Tax after credits *(subtract lines 7, 8, 9 and 10 from line 6)*	11.	175
12. First installment of estimated tax for period following that covered by this return:		
a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT	12a.	
b) If application for extension has not been filed and line 11 exceeds $1,000, enter 25% of line 11	12b.	
13. Total of lines 11, 12a and 12b	13.	175
14. Total prepayments *(from Composition of Prepayments Schedule, page 7, line G)*	14.	
15. Balance due *(subtract line 14 from line 13)*	15.	175
16. Overpayment *(subtract line 13 from line 14)*	16.	
17a. Interest *(see instructions)*	17a.	
17b. Additional charges *(see instructions)*	17b.	
17c. Penalty for underpayment of estimated tax *(attach Form NYC-222)*	17c.	
18. Total of lines 17a, 17b and 17c	18.	
19. Net overpayment *(subtract line 18 from line 16)*	19.	
20. Amount of line 19 to be: a. Refunded - ___ Direct deposit - *fill out line 20c* OR ___ Paper check	20a.	
b. Credited to 2016 estimated tax	20b.	
20c. Routing Number: ___ Account Number: ___ Account Type: Checking ___ Savings ___		
21. **TOTAL REMITTANCE DUE.** *(see instructions)*	21.	175
22. NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	22.	71,966
23. Federal Return Filed: X 1120 ___ 1120C ___ 1120F ___ 1120-RIC ___ 1120-REIT ___ 1120-H ___ Other / None		
24. Gross receipts or sales from federal return	24.	299,576
25. Total assets from federal return	25.	11,809.
26. Business allocation percentage *(from Schedule F, line 5) (if not allocating, enter 100%)*	26.	100.00%

Form NYC-2 - 2015 **NAME:** NUMBER ONE FRESCO TORTILLAS INC. **EIN:** 26-3109020

SCHEDULE B - Computation of Tax on Business Income Base

1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions *(see instructions)*	**1.**	-8,882
2.	Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by **alien corporations.**	**2.**	
3.	Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by **alien corporations**	**3.**	
4.	Dividends not included on line 1 by **non-alien corporations**	**4.**	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by **non-alien corporations**	**5.**	
6.	Income taxes paid to the US or its possessions deducted on federal return	**6.**	
7.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return *(see inst; attach rider)*	**7.**	205
8.	NYC Corporate Taxes deducted on federal return *(see instructions)*	**8.**	175
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit	**9.**	
10.	Adjustments relating to real estate tax escalation credit	**10.**	
11.	ACRS depreciation and/or adjustments *(attach Form NYC-399 and/or NYC-399Z)*	**11.**	
12.	Payment for use of intangibles	**12.**	
13.	Domestic production activities deduction *(see instructions)*	**13.**	
14.	Other additions *(see instructions; attach rider)*	**14.**	
15.	Total additions *(add lines 1 through 14)*	**15.**	-8,502
16.	Gain on sale of certain property acquired prior to 1/1/66 *(see instructions)*	**16.**	
17.	NYC and NYS tax refunds included in line 15 *(see instructions)*	**17.**	
18.	Wages and salaries subject to federal jobs credit *(attach federal Form 5884; see instructions)*	**18.**	
19.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules *(attach Form NYC-399 and/or NYC-399Z; see instructions)*	**19.**	
20.	Other subtractions *(see instructions) (attach rider)*	**20.**	
21.	Total subtractions *(add lines 16 through 20)*	**21.**	
22.	Net modifications to federal taxable income *(subtract line 21 from line 15)*	**22.**	-8,502
23.	Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions)	**23.**	
24.	Entire net income *(ENI) (subtract line 23 from line 22)*	**24.**	-8,502
25.	Investment and other exempt income *(from Form NYC-2.1, Schedule D, line 1)*	**25.**	
26.	Subtract line 25 from line 24	**26.**	-8,502
27.	Excess interest deductions attributable to investment income, investment capital and other exempt income *(from Form NYC-2.1, Schedule D, line 2)*	**27.**	
28.	Business income *(add lines 26 and 27)*	**28.**	-8,502
29.	Addback of income previously reported as investment income *(from Form NYC-2.1, Schedule F, line 6; if zero, enter 0; see instructions)*	**29.**	0
30.	Business income after addback *(add lines 28 and 29)*	**30.**	-8,502
31.	Business allocation percentage *(from Schedule F, line 5)*	**31.**	100.00%
32.	Allocated business income after addback (multiply line 30 by line 31)	**32.**	-8,502
33.	Prior net operating loss conversion subtraction *(from Form NYC-2.3, Schedule C, line 4)*	**33.**	
34.	Subtract line 33 from line 32	**34.**	-8,502
35.	Net operating loss deduction *(from Form NYC-2.4, line 6)*	**35.**	
36.	Business income base *(subtract line 35 from line 34)*	**36.**	-8,502
37.	Tax rate *(see instructions)*	**37.**	%
38.	Tax on business income base *(multiply line 36 by line 37 and enter here and on Schedule A, line 1)*	**38.**	

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.

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SCHEDULE C - Computation of Tax on Capital Base

Basis used to determine average value in column C. ***Check one. (Attach detailed schedule.)***

X - Annually ___ - Semi-annually ___ - Quarterly

___ - Monthly ___ - Weekly ___ - Daily

		COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
1.	Total assets from federal return	14,191	11,809	1.	13,000
2.	Real property and marketable securities included in line 1			2.	
3.	Subtract line 2 from line 1			3.	13,000
4.	Real property and marketable securities at fair market value			4.	
5.	Adjusted total assets *(add lines 3 and 4)*			5.	13,000
6.	Total liabilities *(see instructions)*	71,000	77,500	6.	74,250
7.	Total capital *(subtract line 6, column C, from line 5, column C)*			7.	-61,250
8.	Investment capital *(from Schedule D, line 4; if zero or less, enter 0)*			8.	0
9.	Business capital *(subtract line 8 from line 7)*			9.	-61,250
10.	Addback of capital previously reported as investment capital *(from Schedule D, line 5, column C; if zero or less, enter 0)*			10.	0
11.	Total business capital *(add lines 9 and 10)*			11.	-61,250
12.	Business allocation percentage *(from Schedule F, line 5)*			12.	100.00%

Computation of tax on capital base:

13.	Allocated business capital *(multiply line 11 by line 12) (see instructions)*			13.	-61,250
13a.	At tax rate 0.15%		X 0.0015	13a.	
13b.	At tax rate 0.075%, ___ Utility Corp. ___ Insurance Corp.		X 0.00075	13b.	
13c.	At tax rate 0.04%, enter borough, block and lot numbers: Boro ___ Block ______ Lot ______		X 0.0004	13c.	
14.	Tax on capital base *(add lines 13a through 13c and subtract $10,000; if zero or less, enter 0 here and on Schedule A, line 2)*			14.	0

SCHEDULE D - Computation of Investment Capital for the Current Year *(see instructions)*

		A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average value *(column A - column B)*
1.	Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution *(from Form NYC-2.1, Schedule E, line 1)*			1.	
2.	Total of stocks **actually** held for more than one year *(from Form NYC-2.1, Schedule E, line 2)*			2.	
3.	Total of stocks **presumed** held for more than one year *(from Form NYC-2.1, Schedule E, line 3)*			3.	
4.	Total investment capital for the current year *(add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, line 8; if zero or less, enter 0)*			4.	0

Addback to business capital of stock presumed and claimed as investment capital in previous year

		A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average value *(column A - column B)*
5.	Total of stocks previously presumed held for more than one year, but did **not** meet the holding period *(from Form NYC-2.1, Schedule F, line 1; enter here and on Schedule C, line 10)*			5.	

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SCHEDULE E - Location of Places of Business Inside and Outside New York City

Part 1 - List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location *(manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.)*, and number of employees, their wages, salaries and duties at each location. *(Attach rider if necessary)*

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total							

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location *(manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.)*, and number of employees, their wages, salaries and duties at each location. *(Attach rider if necessary)*

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total							

SCHEDULE F - Computation of Business Allocation Percentage

			COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE
1a.	Real estate owned	1a.		1a.	
1b.	Real estate rented - multiply by 8 *(see instr.) (attach rider)*	1b.		1b.	
1c.	Inventories owned	1c.		1c.	
1d.	Tangible personal property owned *(see instructions)*	1d.		1d.	
1e.	Tangible personal property rented - multiply by 8 *(see instr., attach rider)*	1e.		1e.	
1f.	Total	1f.		1f.	
1g.	Percentage in New York City *(divide line 1f, column A by line 1f, column B)*			1g.	%
1h.	Multiply line 1g by 10			1h.	
2a.	Receipts *(from Form NYC-2.5, line 54)*	2a.		2a.	
2b.	Percentage in New York City *(divide line 2a, column A by line 2a, column B)*			2b.	%
2c.	Multiply line 2b by 80			2c.	
3a.	Wages, salaries and other compensation of employees, except general executive officers *(see instructions)*	3a.		3a.	
3b.	Percentage in New York City *(divide line 3a, column A by line 3a, column B)*			3b.	%
3c.	Multiply line 3b by 10			3c.	

Sum of Weighted Factors

4.	Add lines 1h, 2c and 3c	4.	

Business Allocation Percentage

5.	Divide line 4 by 100 if no factors are missing. If a factor is missing, divide line 4 by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point. This is your business allocation percentage	5.	100.00%

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Form NYC-2 - 2015 NAME: NUMBER ONE FRESCO TORTILLAS INC. EIN: [redacted] Page 5

SCHEDULE G - Additional Required Information

1. List all significant business activities in NYC and everywhere *(see instructions; if necessary, attach list)* RESTAURANT

2. Enter your Secondary Business Code *(see instructions)* ____________

3. Trade name of reporting corporation, if different from name entered on page 1 ____________

4. Is this corporation included in a consolidated federal return? ..... ___ YES _X_ NO

   If "YES", give parent's name: ____________ EIN: ____________

5. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ..... ___ YES _X_ NO

   If "YES", give common parent corporation's name ____________ EIN: ____________

6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ..... ___ YES _X_ NO

   If "YES", by whom?
   ___ Internal Revenue Service State period(s): Beg.: ______ (MMDDYY) End.: ______ (MMDDYY)
   ___ New York State Department of Taxation and Finance State period(s): Beg.: ______ (MMDDYY) End.: ______ (MMDDYY)

7. If "YES" to question 6, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? *(see instructions)*..... ___ YES ___ NO

8. Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following *(if more than one, attach separate sheet)*. ..... ___ YES _X_ NO

   Shareholder's name: ____________ SSN/EIN: ____________

   Interest paid to shareholder: ______ Total indebtedness to shareholder described above: ______ Total interest paid: ______

9. Was this corporation a member of a partnership or joint venture during the tax year? ..... ___ YES _X_ NO
   If "YES", attach schedule listing name(s) and Employer Identification Number(s).

10. At any time during the taxable year, did the corporation have an interest in real property *(including a leasehold interest)* located in NYC or a controlling interest in an entity owning such real property? ..... ___ YES _X_ NO

11a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.

11b. Was any NYC real property *(including a leasehold interest)* or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ..... ___ YES ___ NO

11c. Was there a partial or complete liquidation of the corporation? ..... ___ YES ___ NO

11d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ..... ___ YES ___ NO

12. If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return *(Form NYC-RPT)* filed? ..... ___ YES ___ NO

13. If "NO" to question 12, explain: ____________

14. Does this taxpayer pay rent greater than $200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ..... ___ YES _X_ NO

15. If "YES" to question 14, were all required Commercial Rent Tax Returns filed? ..... ___ YES ___ NO

   Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: ____________

16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)? ..... ___ YES ___ NO

   If yes, enter applicable exception and amount of royalty payments. ______ (EXCEPTION) ______ (AMOUNT)

17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)? ..... ___ YES _X_ NO

[redacted]

Form NYC-2 - 2015 **NAME:** NUMBER ONE FRESCO TORTILLAS INC. **EIN:** [redacted]

SCHEDULE H - DETERMINATION OF TAX RATE

A.	Enter the line number of the tax rate computed or used below (see instructions) .... **A.**	
B.	Enter your unallocated business income from Schedule B, line 30 .... **B.**	-8,502.
C.	Enter allocated business income from Schedule B, line 32 .... **C.**	-8,502.

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW ***(see instructions)***

1. If unallocated business income *(Schedule B, line 30)* is less than $2M and allocated business income *(Schedule B, line 32)* is less than $1M.	6.50%
2. If unallocated business income (Schedule B, line 30) is equal to or greater than $3M *(regardless of the amount of allocated business income)*	8.85%
3. If allocated business income (Schedule B, line 32) is equal to or greater than $1.5M (regardless of the amount of unallocated business income)	8.85%
4. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $2M but less than $3M and allocated business income *(Schedule B, line 32)* is less than $1M, use unallocated formula	6.50 + (2.35% X line 30 - 2,000,000 / 1,000,000) = ______ %
5. If unallocated business income *(Schedule B, line 30)* is less than $2M and allocated business income *(Schedule B, line 32)* is equal to or greater than $1M but less than $1.5M, use allocated formula	6.50 + (2.35% X line 32 - 1,000,000 / 500,000) = ______ %
6. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $2M but less than $3M and allocated business income *(Schedule B, line 32)* is equal to or greater than $1M but less than $1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	6.50 + (2.35% X line 30 - 2,000,000 / 1,000,000) = ______ % 6.50 + (2.35% X line 32 - 1,000,000 / 500,000) = ______ % **Enter the greater of the two computed tax rates:** ______ %

TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS ***(see instructions)***

7. If unallocated business income *(Schedule B, line 30)* is less than $20M and allocated business income *(Schedule B, line 32)* is less than $10M.	4.425%
8. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $40M *(regardless of the amount of allocated business income)*	8.85%
9. If allocated business income *(Schedule B, line 32)* is equal to or greater than $20M *(regardless of the amount of unallocated business income)*	8.85%
10. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $20M but less than $40M and allocated business income *(Schedule B, line 32)* is less than $10M, use unallocated formula.	4.425 + (4.425% X line 30 - 20,000,000 / 20,000,000) = ______ %
11. If unallocated business income *(Schedule B, line 30)* is less than $20M and allocated business income *(Schedule B, line 32)* is equal to or greater than $10M but less than $20M, use allocated formula.	4.425 + (4.425% X line 32 - 10,000,000 / 10,000,000) = ______ %
12. If unallocated business income *(Schedule B, line 30)* is equal to or greater than $20M but less than $40M and allocated business income *(Schedule B, line 32)* is equal to or greater than $10M but less than $20M, compute tax rates using both formulas. Use the greater of the two computed tax rates	4.425 + (4.425% X line 30 - 20,000,000 / 20,000,000) = ______ % 4.425 + (4.425% X line 32 - 10,000,000 / 10,000,000) = ______ % **Enter the greater of the two computed tax rates:** ______ %

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS ***(see instructions)***

13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%

COMPOSITION OF PREPAYMENTS SCHEDULE		
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	**DATE**	**AMOUNT**
A. Mandatory first installment paid with preceding year's tax		
B. Payment with Declaration, Form NYC-400 (1)		
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. **TOTAL** of A through F *(enter on Schedule A, line 14)*		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Dept. of Finance to discuss this return with the preparer listed below. *(See Instructions)* .... **YES** X

Signature of officer | Title PRESIDENT | Date | Firm's email address EASINC88@GMAIL.COM

Preparer's signature KAM FUNG CHEU | Preparer's printed name KAM FUNG CHEUNG | Check if self-employed — | Date 08-31-16 | Preparer's Social Security Number or PTIN [redacted]

EASY ACCOUNTING SERVICE 45 DIVISION STREET SUITE 218, 10002

Firm's name (or yours, if self-employed) | Address | Zip Code | Firm's Employer Identification Number [redacted]

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2015 return is on or before March 15, 2016. For fiscal years beginning in 2015, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/ESERVICES
OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

NYC-2.4
Department of Finance

NET OPERATING LOSS DEDUCTION (NOLD)

Do not use this form to report an NOLD being carried forward from tax years prior to 2015. To report an NOLD from prior years, you must use Form NYC-2.3.

Name	Employer Identification Number
NUMBER ONE FRESCO TORTILLAS INC.	[redacted]

1.	Multiply Form NYC-2 or NYC-2A, Schedule B, line 34, by your appropriate business income base tax rate for the current year from Schedule H, Determination of Tax Rate in Form NYC-2 or NYC-2A, *(see instructions)* ..... 1.	
2.	Enter the greater of the capital base tax or the minimum tax for the current tax year *(from Form NYC-2 or NYC-2A, Schedule A, line 2 or 3)* ..... 2.	175
3.	Subtract line 2 from line 1 *(see instructions)* ..... 3.	
4.	Maximum amount of the NOLD to be deducted in the current tax year *(divide line 3 by the same business income base tax rate used for line 1)* ..... 4.	
5.	Balance of net operating losses incurred in tax years beginning on or after January 1, 2015, not previously used or expired ..... 5.	79,702
6.	NOLD to be used in the current tax year *(Enter the lesser of line 4 or line 5. Enter here and on Form NYC-2 or NYC-2A, Schedule B, line 35)* ..... 6.	
7.	Unused NOLD to be carried forward to future tax years *(subtract line 6 from line 5)* ..... 7.	79,702

SCHEDULE A - Table of allocated business income or loss *(see instructions)*

A Tax period beginning and ending dates	B Amount from Form NYC-2 or NYC-2A, Schedule B, line 34 for the period in column A	C When column B is not a loss, enter all the tax period(s) that generated an NOL used to reduce the amount in column B *(see instructions)*	D Election to waive carryback
07-01-15 TO 06-30-16	-8,502.		
07-01-14 TO 06-30-15	-941.		
07-01-13 TO 06-30-14	3,450.		
07-01-12 TO 06-30-13	-14,088.		
07-01-11 TO 06-30-12	-4,995.		
07-01-10 TO 06-30-11	-10,841.		
07-01-09 TO 06-30-10	-19,222.		
07-29-08 TO 06-30-09	-21,113.		

Schedule B, Line 7 (NY NYC-2) - NYS Franchise Tax

1	State Franchise Tax	1	0
2	State Income Tax	2	205
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	205

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